

## STATEMENT OF PERSONAL HISTORY

Budget Bureau No. 22-R057

**INSTRUCTIONS:** Read the certification at the end of this questionnaire before entering the required data. Print or type all answers. All questions and statements must be completed. If the answer is "None," so state. Do not misstate or omit material fact since the statements made herein are subject to verification. If more space is needed, use the Remarks section, item 20, and attach additional sheets if necessary. The information entered hereon is for official use only and will be maintained in confidence.

1. (Print) FIRST NAME—MIDDLE NAME—MAIDEN NAME (If any)—LAST NAME <input checked="" type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MISS <b>ALBERT WILLIAM VILAR Jr.</b>			2. STATUS <input checked="" type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY ON ACTIVE DUTY	
3. ALIAS(ES), NICKNAME(S), OR CHANGES IN NAME (Other than by marriage) <b>"Pete"</b>			4. PERMANENT MAILING ADDRESS <b>PO Box 1987, San Juan, Puerto Rico</b>	
5. DATE OF BIRTH (Day, month, year) <b>4 Oct 1940</b>		PLACE OF BIRTH (City, County, State, and Country) <b>Newark, Essex, N.J., USA</b>		PLACE CERTIFICATE RECDRED <b>Newark, N.J.</b>
RACE <b>Cau</b>	HEIGHT <b>6'1"</b>	WEIGHT <b>147</b>	COLOR OF EYES <b>Brown</b>	COLOR OF HAIR <b>Brown</b>
SCARS, PHYSICAL DEFECTS, DISTINGUISHING MARKS <b>None</b>				
6. DO YOU HAVE A HISTORY OF MENTAL OR NERVOUS DISORDERS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ARE YOU NOW OR HAVE YOU EVER BEEN ADDICTED TO THE USE OF HABIT FORMING DRUGS SUCH AS NARCOTICS OR BARBITURATES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ARE YOU NOW OR HAVE YOU EVER BEEN A CHRONIC USER TO EXCESS OF ALCOHOLIC BEVERAGES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF THE ANSWER TO ANY OF THE ABOVE IS "YES," EXPLAIN IN ITEM 20.				
7. U. S. CITIZEN <input checked="" type="checkbox"/>	NATIVE <input checked="" type="checkbox"/> YES	IF NATURALIZED, CERTIFICATE NO.	IF DERIVED, PARENTS' CERTIFICATE NO(S).	DATE, PLACE, AND COURT
	NO			
ALIEN <input type="checkbox"/>	REGISTRATION NO.	NATIVE COUNTRY	DATE AND PORT OF ENTRY	DO YOU INTEND TO BECOME A U. S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO
8. MILITARY SERVICE				
ARE YOU PRESENTLY ON ACTIVE DUTY IN THE U. S. ARMED FORCES DRAWING FULL PAY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," COMPLETE THE FOLLOWING:				
GRADE AND SERVICE NO.		SERVICE AND COMPONENT	ORGANIZATION AND STATION	DATE CURRENT ACTIVE SERVICE STARTED
ARE YOU PRESENTLY A MEMBER OF A U. S. RESERVE OR NATIONAL GUARD ORGANIZATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," COMPLETE THE FOLLOWING:				
GRADE AND SERVICE NO.		SERVICE AND COMPONENT	ORGANIZATION AND STATION OR UNIT AND LOCATION	
HAVE YOU PREVIOUSLY SERVED TOURS OF EXTENDED ACTIVE DUTY, DRAWING FULL PAY, FROM WHICH YOU WERE DISCHARGED OR SEPARATED TO CIVILIAN STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," COMPLETE THE FOLLOWING:				
COUNTRY	SERVICE	COMPONENT	FROM (Date)	TO (Date)
TYPE DISCHARGES OR SEPARATIONS—GRADE AND SERVICE NO.				
9. EDUCATION (Account for all civilian schools and military academies. Do not include service schools)				
MONTH AND YEAR FROM— <b>Sep 47</b>		NAME AND LOCATION OF SCHOOL		GRADUATE YES <input type="checkbox"/> NO
TO— <b>Jun 55</b>		<b>Academia Sagrado Corazon, Santurce, PR</b>		<b>X</b>
<b>Sep 55</b>		<b>Academia Perpetuo Socorro, Miramar, PR</b>		<b>X</b>
<b>Sep 58</b>		<b>Washington &amp; Jefferson College, Wash., Pa.</b>		
10. FAMILY (List in order given, parents, spouse, guardians, stepparents, foster parents, parents-in-law, former spouse(s) (if divorced give date and place), children, brothers and sisters, even though deceased. Include any others you resided with or with whom a close relationship existed or exists. If the person is not a U. S. citizen by birth, give date and port of entry, alien registration number, naturalization certificate number and place of issuance.)				
RELATION AND NAME		DATE AND PLACE OF BIRTH	PRESENT ADDRESS, IF LIVING	U. S. CITIZEN YES <input type="checkbox"/> NO
FATHER <b>Albert W. Vilar Sr.</b>		<b>15 Oct 1912</b> <b>Cuba</b>	<b>PO Box 1987, San Juan, P.R.</b>	<b>X</b>
MOTHER (Maiden name) <b>Margaret Walsh</b>		<b>8 Mar 1918</b> <b>E. Orange, N.J.</b>	<b>22 W. 55th St., N.Y., N.Y.</b>	<b>X</b>
SPOUSE (Maiden name) <b>None</b>				
OTHER (Specify) <b>Patrice Burke</b>		<b>2 Jul 1938</b> <b>E. Orange, N.J.</b>	<b>% U.S. Army, HQ USARCARIB, C. Z.</b>	<b>X</b>
Sister <b>Carole M. Vilar</b>		<b>28 Aug 1939</b> <b>E. Orange, N.J.</b>	<b>POBox 1987, San Juan, P.R.</b>	<b>X</b>





19. ARE THERE ANY INCIDENTS IN YOUR LIFE NOT MENTIONED HEREIN WHICH MAY REFLECT UPON YOUR LOYALTY TO THE UNITED STATES OR UPON YOUR SUITABILITY TO PERFORM THE DUTIES WHICH YOU MAY BE CALLED UPON TO TAKE OR WHICH MIGHT REQUIRE FURTHER EXPLANATION?  YES  NO IF "YES," GIVE DETAILS

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**20. REMARKS**

Item 10: My Father entered the USA in 1920 at New York City. He obtained his citizenship through that of his Mother who had preceded him; information concerning her is unknown.

Subject completed DD Form 98 (1 Sep 56 Edition) without qualification on 24 May 60.

I CERTIFY THAT THE ENTRIES MADE BY ME ABOVE ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH. I UNDERSTAND THAT A KNOWING AND WILLFUL FALSE STATEMENT ON THIS FORM CAN BE PUNISHED BY FINE OR IMPRISONMENT OR BOTH.  
(See U. S. Code, title 18, section 1001.)

DATE <b>18 May 1961</b>	SIGNATURE OF PERSON COMPLETING FORM <i>Albert V. Walsh</i>
TYPED NAME AND ADDRESS OF WITNESS <b>SSG Joseph D Sortino Wash &amp; Jeff College, Washington, Pa.</b>	
SIGNATURE OF WITNESS <i>Joseph D. Sortino</i>	
21. THIS SECTION TO BE COMPLETED BY AUTHORITY REQUESTING INVESTIGATION	
BRIEF DESCRIPTION OF DUTY ASSIGNMENT AND DEGREE OF CLASSIFIED MATTER (top secret, secret, etc.) TO WHICH APPLICANT WILL REQUIRE ACCESS	
1. NO ADDITIONAL INFORMATION	
2. BYC: [Signature] HUGHES	

RECORD OF PRIOR CLEARANCES		
DATE OF CLEARANCE	TYPE OF CLEARANCE	AGENCY THAT COMPLETED INVESTIGATION
	<b>FAVORABLE NAC PAR 6</b>	<b>AR 604-5 SEP 22 1961</b>
	<b>COMPLETED BY HQ SECOND ARMY</b>	<i>W. J. Miller Cpt 615</i>